

Exhibit D

1 KATHRYN E. CORBET and) SUPERIOR COURT OF NEW JERSEY
ERIC R. CORBET,) LAW DIVISION - BERGEN COUNTY
2) DOCKET NO. BER-L-14589-14MCL
Plaintiffs,)
3) MASTER DOCKET
vs.) NO. BER-L-11575-14
4)
ETHICON, INC., ETHICON)
5 WOMEN'S HEALTH AND)
UROLOGY, A Division) CIVIL ACTION
6 of Ethicon, Inc.,) In Re
GYNECARE, JOHNSON &) Pelvic Mesh/Gynecare
7 JOHNSON AND JOHN) Litigation
DOES 1-20,)
8) Case No. 291 CT
Defendants.)

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11 The video-recorded deposition of
12 DENISE M. ELSER, M.D., taken before Pauline M.
13 Vargo, an Illinois Certified Shorthand Reporter,
14 C.S.R. No. 84-1573, at the Le Meridien Chicago -
15 Oakbrook Center, Discovery Boardroom, 9th Floor,
16 2100 Spring Road, Oak Brook, Illinois, on
17 November 5, 2015, at 9:14 a.m.

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1 directly what I'm trying to get at. I believe in
2 your report you said that you had a revision rate,
3 an erosion rate of about 4.5 percent --

4 A. Yes.

5 MR. SNELL: Objection.

6 Q. -- for your clients -- for your
7 patients?

8 MR. SNELL: Objection, compound,
9 misstates.

10 A. I said a reoperation rate of 4-1/2
11 percent.

12 Q. Okay. So a reoperation rate of any --
13 for any reason?

14 A. Correct.

15 Q. How did you arrive at that 4.5 percent?

16 A. I don't remember which dates I looked
17 at, but I pulled the data on a substantial number
18 of slings in our practice and then tracked how many
19 of those over a certain period of time went back
20 for reoperation.

21 Q. Okay. What period of time did that
22 cover?

23 A. I don't remember. I believe it was at
24 least a year.

25 Q. Over a year? Just a year?

1 A. Over a year.

2 Q. I just want to be clear. Did you look
3 at a year-long period or did you look beyond a
4 year-long period?

5 A. So, I don't remember what the time
6 period was. I know that my intention was to look
7 at a year after their incident, case.

8 Q. Okay. So, just to be clear, I want to
9 make sure I understand what you are saying in your
10 report and here today. If, for example, last year
11 you did a hundred mesh procedures, a hundred mesh
12 procedures, you would have looked at a hundred
13 patients; you didn't go back beyond that --

14 MR. SNELL: Form.

15 Q. -- into prior years?

16 MR. SNELL: Form objection. Go ahead.

17 A. I would have looked at, say, the
18 patients that had surgery two years ago, over,
19 like, say 2013, so that even the ones at the end of
20 the year would have had a year followup. Does that
21 make sense?

22 Q. Okay. So, are you saying that you --
23 your 4.5 percent is over a two-year period from
24 implant?

25 A. I wanted to make sure that the least

1 followup was a year.

2 Q. Okay. But it could have been longer,
3 you are saying?

4 A. Correct.

5 Q. But you can't tell me that today. I
6 mean, how many patients did you look at in total?

7 A. I don't remember.

8 Q. Would you have any dates? Would you
9 have any notes or calculations in your office?

10 A. Yes.

11 MR. GRAND: We are going to request
12 production of those.

13 THE WITNESS: Can I ask you a favor?
14 Because you say -- you are saying "mesh"
15 frequently and that makes me think of prolapse
16 surgery. So, if you mean sling, could you say
17 sling? Would that be okay?

18 MR. GRAND: Sure. Believe me, I'm not
19 trying to intentionally be confusing, by any
20 means.

21 THE WITNESS: You are probably used to
22 saying it that way, but it really throws me
23 off.

24 MR. GRAND: I will do my best.

25 MR. SNELL: And I will listen and

1 object from now on when he is overbroad. I'm
2 sorry. I should have caught that.

3 BY MR. GRAND:

4 Q. All right. Just to be clear, so the 4.5
5 percent reoperation rate that you referred to in
6 your report, that refers to sling products or does
7 that also include other mesh products?

8 A. That was slings.

9 Q. That would be slings only.

10 And your analysis included patients -- I
11 mean, generally you wanted to make sure you had a
12 year-long followup period?

13 A. Correct.

14 Q. But your analysis did not go back three
15 years or five years, did it?

16 A. I will answer that when I look at the
17 report. I don't remember how far it went back.

18 MR. SNELL: You can look at the report
19 too any time. I mean, you can always look at
20 your materials. You brought all them here to.

21 BY MR. GRAND:

22 Q. Did you bring those materials that
23 includes that calculation with you?

24 A. No.

25 MR. SNELL: I thought you said report.

1 in clinical trial design? Do you consider yourself
2 an expert in clinical trial design?

3 A. I'm very familiar with clinical trial
4 design, but it's not what I do on a regular basis.

5 Q. So is that a no?

6 MR. SNELL: I object to the form,
7 asked and answered.

8 Q. Do you hold yourself out as an expert in
9 clinical trial design?

10 A. I understand clinical trial design. I'm
11 not an expert in it.

12 Q. What about material science? Do you
13 consider yourself an expert in material science?

14 A. No.

15 Q. Do you consider yourself an expert in
16 the design of medical devices?

17 A. No.

18 Q. Do you consider yourself an expert in
19 epidemiology?

20 A. No.

21 Q. Have you received special training with
22 respect to analyzing clinical -- analyzing and
23 evaluating clinical studies?

24 A. What do you mean by "special training"?

25 Q. Courses in epidemiology or statistics or

1 that generally on your own patients, or do you find
2 that you are referred patients from other doctors
3 for revision surgeries?

4 A. Both.

5 Q. Now, you said, "Our practice's sling
6 revision rate for either exposure or incomplete
7 bladder emptying is 4.5 percent." We discussed
8 that earlier, correct?

9 A. Correct.

10 Q. Of that 4.5 percent, do you know, none
11 of those, based on what you told me, none of those
12 would relate to the TVT, correct?

13 MR. SNELL: Form.

14 Q. The TVT retropubic.

15 A. I don't think that's true.

16 Q. Well, you said you haven't used the TVT
17 retropubic.

18 A. Oh, I'm sorry. You mean not Exact.
19 Most likely not, because I think at the time I
20 looked at this data it was after we were already
21 using Exact.

22 Q. Okay. So this 4.5 percent would not
23 relate to the TVT retropubic product, correct?

24 MR. SNELL: Form.

25 A. I don't think so.

1 Q. And in fact, it may relate to other
2 products besides the TVT Exact or Abbrevio, correct?

3 A. Yes.

4 Q. It could include Boston Scientific or
5 AMS products as well, correct?

6 A. Correct.

7 Q. Skipping ahead to Page 30 of your
8 report, which I believe is where you begin to
9 address Kathleen Corbet specifically, on Page 31
10 you note, "At her deposition, Mrs. Corbet testified
11 she experienced symptoms of both urge and stress
12 urinary incontinence leading up to her July 14th,
13 2011 surgery."

14 Do you see that?

15 A. Yes.

16 Q. What symptoms of urge incontinence are
17 you asserting that she testified to?

18 A. I can look at her deposition with you,
19 but I can't be more specific than that right now.
20 This is what I assessed at the time I was looking
21 at her deposition.

22 Q. You say she also reported those symptoms
23 on Dr. Harrell's intake questionnaire in April of
24 2011, correct?

25 A. Correct.

1 A. Well, I'm not a person who works in a
2 lab studying materials all day, but I am familiar
3 with the Amid classifications and which type of
4 mesh seem to heal well in the pelvis as compared to
5 other types of mesh.

6 Q. Okay. You looked at other
7 classifications beside the Amid classification?

8 A. No.

9 Q. Have you ever looked at studies that
10 show what the pore size of the mesh is under
11 stress?

12 MR. SNELL: Form.

13 A. I have seen that.

14 Q. Are you going to be offering opinions at
15 trial about the pore sizes of the mesh?

16 A. If I'm asked about them.

17 MR. SNELL: And I will say she has
18 identified as macroporous, so those opinions
19 will be elicited at trial.

20 MR. GRAND: All right. We will take
21 that up in motion practice.

22 BY MR. GRAND:

23 Q. You don't consult as a materials expert,
24 correct?

25 MR. SNELL: Form.

1 A. No.

2 Q. And you have never designed a mesh,
3 correct?

4 A. No.

5 Q. And you haven't studied explants of
6 mesh, correct?

7 MR. SNELL: Form.

8 A. No.

9 Q. And have you done any research into the
10 effects of -- scratch that.

11 Strike that.

12 Okay. On the next page you state, "I
13 have used the TVT for about 17 years and noticed no
14 clinical difference between mechanical and
15 laser-cut mesh."

16 Have you reviewed internal documents by
17 Ethicon in which they know the difference between
18 mechanical and laser-cut mesh?

19 MR. SNELL: Actually, objection,
20 foundation on that one.

21 BY MR. GRAND:

22 Q. Have you reviewed any of the Ethicon's
23 internal documents relating to the differences
24 between mechanical and laser-cut mesh?

25 A. It's been a while. I have read some,